

I strongly support adopting a 3 digit number specifically for individuals at risk of suicide. It should be linked to the existing National Suicide Prevention Lifeline (Lifeline) network and provide the necessary financial support for its implementation and increased call volume.

Why it should be the Lifeline using 611 or 988: The skills and oversight needed to help callers at risk of suicide (and concerned loved ones) are extremely different than those needed to provide linkage to food, shelter, legal aid, etc.

- The Lifeline requires members to be accredited in suicide prevention.
- The Lifeline requires specific staff training in suicide assessment and safety planning.
- Research has shown that the protocols Lifeline counselors must follow are effective in reducing distress and suicidality.
- Data from all Lifeline members routinely is used for quality assurance.
- Lifeline members are part of a linked system that ensures that calls roll over to a back-up line when the “home” line is maxed out or down.

Why it should not be 211.

- Not all 211 lines are up 24/7, 365 days a year.
- Only 25% of 211 lines are members of the Lifeline network. Callers reaching the other 75% would not receive adequate care.
- In 2012, the U.S. Steering Committee (United Way – AIRS) report, Transitioning 2-1-1 for a sustainable future noted a number of challenges with 211 lines.
 - No administrative body oversees all 211 lines.
 - 211 is for external needs, not psychological needs; only 7 % were categorized as mental health calls.
 - Only 51% were accredited—and accreditation would not be specifically for suicide prevention.
 - “While progress has been made towards national standards, quality assurance reviews are inconsistent.”